

FILED OCT 29 1945

Registration District No. 99

Primary Registration District No. 4166

Registrar's No. ....

1. PLACE OF DEATH:

(a) County DEKALB  
(b) City or town WEATHERBY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DEKALB 32  
(c) City or town WEATHERBY  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN WILLIAM VEALE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) ~~Single, widowed, married,~~ divorced M  
6. (b) Name of husband or wife MARY VEALE 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased NOV-7-1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 14 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace WASHINGTON DC. 1  
(City, town or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_  
12. Name JACK VEALE  
13. Birthplace VIRGINIA 1  
(City, town or county) (State or foreign country)  
14. Maiden name ANNA JENKINS  
15. Birthplace VIRGINIA 1  
(City, town or county) (State or foreign country)

16. (a) Informant Mary Veale  
(b) Address Weatherby MO

17. (a) BURIAL (b) Date thereof 9-23-45  
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HAWN, MOYSSVILLE

18. (a) Signature of funeral director FISCHER FUNERAL HOME

(b) Address MOYSSVILLE MO

19. (a) \_\_\_\_\_ (b) Anna Duckson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months SEPT day 21  
year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 26, 1943 to Sept. 21, 1945;  
that I last saw him alive on September 6, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Duration 4mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations AK

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature Fred Wilson (M. D. or other)

Address Winston, MO. Date signed 9/25/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

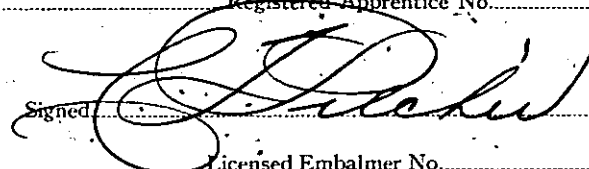
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**